

Pre-Operational and First Week Visit Form*	
Type of Visit: _____	
Site name: _____ Site address: _____	
Date of site visit: _____ Monitor's arrival time: _____ Departure time: _____	
Discussion with site staff (list names): _____ _____	
List any problems that were noted during the visit, and any corrective actions that were initiated to eliminate the problems.	
Problems	Corrective actions
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Site supervisor's signature	Monitor's signature

* Note: Both a pre-operational and a first week visit must be completed.